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Submitted: 07/13/2007 at 09:29:53

File Number: 0003092965

FCC Form 608 Main Form

## FCC Application or Notification for Spectrum Leasing Arrangement/ Approved by OMB **Notification of a Private Commons Arrangement Wireless Telecommunications Bureau** Public Safety and Homeland Security Bureau

3060-1058

See 608 Main Form Instructions

For public burden estimate

## **General Information**

Application/Notification Purpose

	Purpose of Filing (Select only one):					
(	) LN New	( ) <b>LM</b> – Moo	dification	( ) LI	J – Administrative U	pdate
( <b>x</b>	) LT –Transfer of Control	( ) LE – Exte	end the Term	( ) L	C - Cancel	
(	) AM - Amendment	( ) WD –With	hdraw			
1b)	If this filing is for an Amendment (AM) or Withdr Application/Notification currently on file with the		ne File Number of the per	nding	File Number:	
Clas	ssification of Filing					
	_eases/Subleases Only					
	Classification of Filing (Select only one):		2b) Type of F	ilina		
(	) ML ~ Spectrum Manager		(X)L-Lea	-		
`	,	( ) S – Sub	olease (Must be f	iled Manually)		
	) TL – De Facto Transfer	<b>5</b> 0 114		, <u>_</u>		
	Private Commons Arrangements Only (Must b					
2c)	This filing will be a Private Commons Arrangem	ent of a (Select on	20) II a Milvau	e Commons Arra al type (Select o	ingement of a Lease nlv one):	or Sublease,
(	) N— License		1	ctrum Manager		
(	) L— Lease		( ) T –De F	Facto Transfer		
(	) S— Sublease					
	n of Lease/Sublease (Only for Transfer of Co	ntrol of a Lessee o	r Sublessee, or a Revisio	on to Extend the T	Term of a Lease or S	
3)	Indicate whether the existing Lease/Sublease is: er Wireless Licenses Is this filing part of a series of related filings	involving other wir	( X ) Long-Term	or e(s) held by the		rm
3)	Indicate whether the existing Lease/Sublease is: er Wireless Licenses	involving other wir	( X ) Long-Term	or e(s) held by the antities), or third		
3)   Othe 4a)	er Wireless Licenses Is this filing part of a series of related filings Applicant, affiliates of the Applicant (e.g., pare	involving other wir nts, subsidiaries, o r which Commissio	( X ) Long-Term  reless license(s) or lease or commonly-controlled e	or e(s) held by the antities), or third		rm

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Attachments	
5) Are attachments (other than associated schedules) being filed with this Application/Notification?	(Y) <u>Y</u> es <u>N</u> o
Fees and Waivers	
Exemption from Application Fees	
6) Is the applicant exempt from FCC application fees?	(N) <u>Y</u> es <u>N</u> o
If the answer to 6 is 'Yes', attach an exhibit demonstrating how the applicant is exempt from FCC application fees.	
Waiver/Deferral of Fees	
7) Is a waiver/deferral of the FCC application fees being requested?	(N ) <u>Y</u> es <u>N</u> o
If the answer to 7 is 'Yes', attach a date-stamped copy of the request for waiver/deferral of the FCC application fees.	
Walver of Commission Rules	
8a) Does this filing include a request for waiver of the Commission's Rules (other than a request for application fee waivers)?	(N) Yes No
If the answer to 8a is 'Yes', attach an exhibit specifying the rule section(s) for which a waiver is being requested and including a justification for the waiver request.	
8b) If the answer to 8a is 'Yes', enter the number of rule section(s) involved.	Number of Rule Section(s):
Regulatory Status and Offerings (To be completed only for Modification of a Lease or M Radio Service Offerings	odification of a Sublease)
9) The Applicant will provide the following type(s) of radio service offerings (select all that apply):	
( ) Common Carrier ( ) Non-common Carrier ( ) Private, internal communications	( ) Broadcast Services
Radio Service	
10) The Applicant will provide the following type(s) of radio service (select all that apply):	
( ) Fixed ( ) Mobile ( ) Radiolocation ( ) Satellite (sour	nd) ( ) Broadcast Services
11) Does the Applicant propose to provide service interconnected to the public telephone network?	( ) <u>Y</u> es <u>N</u> o
Designated Entity Information (If the answer to 12a, 12b or 12c is 'Yes', Schedule A mus	t be completed.)
Bidding Credits	
12a) Does this filing involve any spectrum associated with any licenses that were originally awarded with bidding credits within the last five years?	(N ) Yes No
installment Payment Plan	<u></u>
12b) Does this filing involve any spectrum associated with any licenses that were originally subject to the Commission's installment payment plan?	(N) Yes No
Closed Bidding	
12c) Does this filing involve any spectrum associated with any licenses that were originally granted pursuant to closed bidding within the last five years?	(N )Yes No
Closed bloomy Within the last live years:	

# **Competition Related Information**

	Does this filing involve a license authorization or Spectrum Lease/Sublease that may be used to provide interconnected mobile voice and/or data services that would create a geographic overlap with another license authorization(s) or Spectrum Leasing Arrangement(s) in which the Applicant already holds direct or indirect interests (of 10 percent or more), either as a licensee or Spectrum Lessee/Sublessee, and that could also be used to provide interconnected mobile voice and/or data services?	(γ ) <u>Y</u> es <u>N</u> o
14a)	Does the Applicant (Lessee/Sublessee) hold direct or indirect interests (of 10 percent or more) in any entity that already has access to 10 MHz or more of Cellular, Broadband PCS, or Specialized Mobile Radio (SMR) spectrum through license(s) or spectrum leases/subleases in the same geographic area?	(Ƴ ) <u>Y</u> es <u>N</u> o
14b)	Would/Does this Spectrum Leasing Arrangement reduce the number of entities providing service (using spectrum in any of the three services listed in 14a above) in the affected market(s)?	(Y )⊻es <u>N</u> o

# **Broadband Radio Service and Educational Broadband Service Information**

Broadband Radio Service (BRS) and Educational Broadband Service (EBS) - Cable Cross-Ownership

15a)	Will the requested facilities be used to provide multichannel video programming service?	(	) <u>Y</u> es	<u>N</u> o
•	If the answer to 15a is 'Yes', does the Applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities?	(	) <u>Y</u> es	<u>N</u> o
	If 'Yes', provide an exhibit explaining how the Applicant (Lessee/Sublessee) complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission's Rule(s) is being requested, 8a must be answered 'Yes'.			

Educational Broadband Service (EBS) - Part 27 Programming Requirements

16) Does the Applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules?	(	) <u>Y</u> es <u>N</u> o
If 'No', provide an exhibit explaining how the Assignee/Transferee complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission's Rule(s) is being requested, 8a must be answered 'Yes'.		

# Part 90 Public Safety Services

## Eligibility

17) Is the Applicant a public safety entity or otherwise an entity that will use the leased spectrum to provide communications in support of public safety operations pursuant to Section 90.523 of the Commission's Rules?	( ) <u>Y</u> es <u>N</u> o
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Licensee information FRN								
18) FCC Registration Number:	·							
Entity								
19) Licensee is a(n) (Select One):								
	rated Association	ı (	)Trust (	)Gover	nment Entity (	)Corporation ( )	Limited Liability	y Company
( )General Partnership (	)Limited Partners	ship	()Limit	ed Liability	Partnership (	)Consortium		
( )Other:								
			<del></del>	<del></del>			·····	
icensee Name								
20) Licensee Name (if entity):								
21) Licensee Name (if individual):	First:			MI:	Last:		, , ,	Suffix:
22) Attention To:	I				1			
Address		1 4	[ 0 A) Ot-					
23) P.O. Box:		And /Or	24) Stree	et Address:				
	25) City:				26) State:	27) Zip Co	de: 	
28) Telephone Number:				29) FA	X Number:			
30) E-Mail Address:				.,-				
CA) December (Optional)								
31) Demographics (Optional): Race:			Ethnicity			Gender:		
( )American Indian or Alaska Na	ative			y. spanic or L	atino	( )Mak	3	
( )Asian			( )No	ot Hispanic	or Latino	( )Fem	nale	
( )Black or African-American								
( )Native Hawaiian or Other Pa	cific Islander							
( )White								
	4.							
Licensee Contact Infor Contact Name (if other than Lice								
( ) Check here if sam		e Infor	mation					
32) Name: First:				MI:	Last:			Suffix:
33) Company Name:								
34) Attention To:								
<del></del>		<del>-,</del>						1, 11,
Address 35) P.O. Box:	<del></del>	And	36) Stre	et Address				
37) City:	<del></del>	/Or	,		38) State:	39) Zip Co	de:	
40) Telephone Number:				41) F4	X Number:	30, 2,5 00		
·				71, 17	V TAITINGT.			
42) E-Mail Address:								

# **Lessee Information**

Add Lessee is a (ii) (Select One): 49 Lessee is a (iii) (Select One): 40 Lessee is a (iii) (Select One): 41 Lessee is a (iii) (Select One): 42 Lessee is a (iii) (Select One): 43 Lessee is a (iii) (Select One): 44 Lessee is a (iii) (Select One): 45 Lessee is a (iii) (Select One): 46 Lessee is a (iii) (Select One): 46 Lessee is a (iii) (Select One): 46 Lessee is a (iii) (Select One): 47 Lessee is a (iii) (Select One): 48 Lessee is a (iii) (Select One): 49 Lessee is a (iii) (Select One): 49 Lessee is a (iii) (Select One): 40 Lessee is a (iii) (Select One): 41 Lessee is a (iii) (Select One): 41 Lessee is a (iii) (Select One): 42 Lessee is a (iii) (Select One): 42 Lessee is a (iii) (Select One): 42 Lessee is a (iii) (Select One): 43 Lessee is a (	FRN					
440 Lessee is alri) (Select Chone):	43) FCC Registration Number: 0001699719					
440 Lessee is alri) (Select Chone):	Entity					
( ) General Parthership ( ) Limited Parthership ( ) Limited Liability Parthership ( ) Consortium ( ) General Parthership ( ) Limited Parthership ( ) Limited Liability Parthership ( ) Consortium ( ) Other:						
( )Other:		( )Trust (	)Gove	rnment Entity ( X )Corpo	oration ( )Limited Liab	ility Company
Lessee Name 45) If the Lessee name is being updated, is the update a result from the sale (or transfer of control) of the lesse(s) to another party 45) If the Lessee name is being updated, is the update a result from the sale (or transfer of control) of the lesse(s) to another party 46) Lessee Name (if entity): DOBSON CELLULAR SYSTEMS, INC. 47) Lessee Name (if individual): First: MI: Lest: Suffix: 48) Attention To: RONALD L RIPLEY  Name of Real Party in Interest 49) Color (Real Party in Interest) 49) Name of Real Party in Interest 49) Name (Real Party in Interest) 49) Color (Real Party in Interest) 49) C	( )General Partnership ( )Limited Partnership	( )Limit	ed Liability	/ Partnership ( )Cor	nsortium	
45  If the Lessee name is being updated, is the update a result from the sale (or transfer of control) of the lesse(s) to another party   ( ) Yes   No and for which proper Commission approval that not been received or proper notification not provided?   ( ) Usesee Name (if individual):   First:	( )Other:					<del></del>
and for which proper Commission approval has not been received or proper notification not provided?  47) Lessee Name (if individual): First: Mil: Last: Suffix:  48) Attention To: RONALD L RIPLEY  Name of Real Party in Interest  49) Name of Real Party in Interest  40) City OKLAHOMA CITY  50) City OKLAHOMA CITY  51) FOX Number: (405)529-8765  52) Party OKLAHOMA CITY  53) City: OKLAHOMA CITY  54) State: OK  55) FAX Number: (405)529-8765  55) E-Mail Address:  56) Demographics (Optional):  76) Reace:  76) Demographics (Optional):  77	Lessee Name					
49 Lessee Name (if individual):   First:   Mi:   Last:   Suffix:   49 Attention To: RONALD L RIPLEY    Name of Real Party in Interest:   49 Name of Real Party in Interest:   AT&T Inc.   50) FCC Registration Number (FRN):   0005193701    Address   51) P.O. Box:   And   52) Street Address:   14201 WIRELESS WAY   53) City: OKLAHOMA CITY   54) State: OK   55) Zip Code:   73134   55) Telephone Number:   (495)629-8600   57) FAX Number:   (405)629-8765   58) E-Mail Address:   59) Demographics (Optional):   Race:					se(s) to another party	( ) Yes No
Mile   Last:   Suffix:   Suffix:   48) Attention To: RONALD L RIPLEY	and for which proper Commission approval has not	t been received	or proper	notification not provided?		Whose
48) Attention To: RONALD L RIPLEY    Alame of Real Party in Interest	46) Lessee Marie (il entity). DOBSON CELLULAR SY	STEMS, INC.				
Address			MI:	Last:		Suffix:
49) Name of Real Party in Interest: AT&T Inc.  50) FCC Registration Number (FRN): 0006193701  Address  51) P.O. Box:   And /Or   S2) Street Address: 14201 WIRELESS WAY   S5) Zip Code: 73134  53) City: OKLAHOMA CITY   S4) State: OK   S5) Zip Code: 73134  55) Telephone Number: (405)529-8500   57) FAX Number: (405)529-8765  58) E-Mail Address:   Ethnicity: ( ) Hispanic or Latino ( ) Male ( ) Asian ( ) Not Hispanic or Latino ( ) Female ( ) Pemale ( ) White   ( ) Not Hispanic or Latino ( ) Female ( ) White   (	48) Attention To: RONALD L. RIPLEY					
49) Name of Real Party in Interest: AT&T Inc.  50) FCC Registration Number (FRN): 0006193701  Address  51) P.O. Box:   And /Or   S2) Street Address: 14201 WIRELESS WAY   S5) Zip Code: 73134  53) City: OKLAHOMA CITY   S4) State: OK   S5) Zip Code: 73134  55) Telephone Number: (405)529-8500   57) FAX Number: (405)529-8765  58) E-Mail Address:   Ethnicity: ( ) Hispanic or Latino ( ) Male ( ) Asian ( ) Not Hispanic or Latino ( ) Female ( ) Pemale ( ) White   ( ) Not Hispanic or Latino ( ) Female ( ) White   (	Name of Real Party in Interest					
Address  51) P.O. Box:	40) Name of Real Party in Interest:					107
51   P.O. Box:	50) FCC Registration Number (FRN): 0005193701					
51   P.O. Box:	Address					707111
S4   State: OK   S5   Zip Code: 73134	51) P.O. Box: A	And 52) Stree	et Address	14201 WIRELESS WAY		
58) E-Mail Address:  59) Demographics (Optional):  Race: ( ) American Indian or Alaska Native   Ethnicity: ( ) Alispanic or Latino   ( ) Male ( ) Asian   ( ) Not Hispanic or Latino   ( ) Female ( ) Black or African-American   ( ) Native Hawaiian or Other Pacific Islander   ( ) White  Lessee Contact Information  Contact Name (if other than Lessee)		<u> </u>		54) State: OK	55) Zip Code: 73134	
Sep Demographics (Optional):  Race: ( ) American Indian or Alaska Native	56) Telephone Number: (405)529-8500		57) F.	AX Number: (405)529-8765	i	
Race: ( ) American Indian or Alaska Native ( ) American Indian or Alaska Native ( ) Asian ( ) Not Hispanic or Latino ( ) Not Hispanic or Latino ( ) Native Hawaiian or Other Pacific Islander ( ) White  Lessee Contact Information Contact Name (if other than Lessee)	58) E-Mail Address:		<del> </del>			
Race: ( ) American Indian or Alaska Native ( ) American Indian or Alaska Native ( ) Asian ( ) Not Hispanic or Latino ( ) Not Hispanic or Latino ( ) Native Hawaiian or Other Pacific Islander ( ) White  Lessee Contact Information Contact Name (if other than Lessee)	59) Demographics (Ontional)					
( )American Indian or Alaska Native		Ethnicity	<b>/</b> :	· ,	Gender:	
( )Black or African-American ( )Native Hawaiian or Other Pacific Islander ( )White  Lessee Contact Information Contact Name (if other than Lessee)	( )American Indian or Alaska Native			Latino	( )Male	
( )Native Hawaiian or Other Pacific Islander ( )White  Lessee Contact Information Contact Name (if other than Lessee)	( )Asian	( )No	ot Hispanio	or Latino	( )Female	
Lessee Contact Information Contact Name (if other than Lessee)  Check here if same as Lessee Information  60) Name:  First: LAWRENCE  MI: LASt: MOVSHIN  61) Company Name: WILKINSON BARKER KNAUER, LLP  62) Attention To:  Address  63) P.O. Box:  And Or  And Or  64) Street Address: 2300 N STREET, N.W., SUITE 700  65) City: WASHINGTON  66) State: DC  67) Zip Code: 20037  68) Telephone Number: (202)783-4141  69) FAX Number: (202)783-5851	( )Black or African-American					
Lessee Contact Information Contact Name (if other than Lessee)	( )Native Hawaiian or Other Pacific Islander					
Contact Name (if other than Lessee)  Check here if same as Lessee Information  60) Name:  First: LAWRENCE  MI: LAST: MOVSHIN  61) Company Name: WILKINSON BARKER KNAUER, LLP  62) Attention To:  Address  63) P.O. Box:  And Or  And Or  64) Street Address: 2300 N STREET, N.W., SUITE 700  65) City: WASHINGTON  66) State: DC  67) Zip Code: 20037  68) Telephone Number: (202)783-4141  69) FAX Number: (202)783-5851	( )White				·	
60) Name: First: LAWRENCE   MI: J   MOVSHIN   61) Company Name: WILKINSON BARKER KNAUER, LLP 62) Attention To:  Address 63) P.O. Box:   And /Or   64) Street Address: 2300 N STREET, N.W., SUITE 700 65) City: WASHINGTON   66) State: DC   67) Zip Code: 20037 68) Telephone Number: (202)783-4141   69) FAX Number: (202)783-5851	Lessee Contact Information Contact Name (if other than Lessee)					
LAWRENCE   J   MOVSHIN		rmation				
62) Attention To:  Address  63) P.O. Box: And for Street Address: 2300 N STREET, N.W., SUITE 700  65) City: WASHINGTON  66) State: DC  67) Zip Code: 20037  68) Telephone Number: (202)783-4141  69) FAX Number: (202)783-5851	LAWRENCE					Suffix:
Address  63) P.O. Box:  And   64) Street Address: 2300 N STREET, N.W., SUITE 700  65) City: WASHINGTON  68) Telephone Number: (202)783-4141  69) FAX Number: (202)783-5851	61) Company Name: WILKINSON BARKER KNAUER,	, LLP				
63) P.O. Box: And /Or 64) Street Address: 2300 N STREET, N.W., SUITE 700 65) City: WASHINGTON 66) State: DC 67) Zip Code: 20037 68) Telephone Number: (202)783-4141 69) FAX Number: (202)783-5851	62) Attention To:					
63) P.O. Box: And /Or 64) Street Address: 2300 N STREET, N.W., SUITE 700 65) City: WASHINGTON 66) State: DC 67) Zip Code: 20037 68) Telephone Number: (202)783-4141 69) FAX Number: (202)783-5851	### Age   Sealer   Company					
65) City: WASHINGTON  66) State: DC  67) Zip Code: 20037  68) Telephone Number: (202)783-4141  69) FAX Number: (202)783-5851		And 64) Stree	et Address	3: 2300 N STREET, N.W., S	UITE 700	
68) Telephone Number: (202)783-4141 69) FAX Number: (202)783-5851		Or				
70) E-Mail Address: LMOVSHIN@WBKLAW.COM			69) F.	AX Number: (202)783-5851		
	70) E-Mail Address: LMOVSHIN@WBKLAW.COM					

#### Sublessee Information FRN 71) FCC Registration Number: 72) Sublessee is a(n) (Select One): )Individual ( )Unincorporated Association ( )Trust ( )Government Entity )Limited Liability Company )Corporation ( )General Partnership ( )Limited Partnership )Limited Liability Partnership )Consortium )Other: Sublessee Name 73) If the Sublessee name is being updated, is the update a result from the sale (or transfer of control) of the sublease(s) to another ) Yes No party and for which proper Commission approval has not been received or proper notification not provided? 74) Sublessee Name (if entity): 75) Sublessee Name (if individual): First: MI: Last: Suffix: 76) Attention To: Name of Real Party in Interest 77) Name of Real Party in Interest: 78) FCC Registration Number (FRN): Address 79) P.O. Box: And 80) Street Address: /Or 81) City: 82) State: 83) Zip Code: 84) Telephone Number: 85) FAX Number: 86) E-Mail Address: 87) Demographics (Optional): Ethnicity: Gender: Race: )American Indian or Alaska Native )Male )Hispanic or Latino )Female )Not Hispanic or Latino )Asian )Black or African-American )Native Hawaiian or Other Pacific Islander )White Sublessee Contact Information Contact Name (if other than Sublessee) ) Check here if same as Sublessee Information Suffix: MI: 88) Name: Last: 89) Company Name: 90) Attention To:

92) Street Address:

94) State:

97) FAX Number:

And

Address 91) P.O. Box:

93) City:

96) Telephone Number: 98) E-Mail Address: 95) Zip Code:

#### **Transferee Information** FRN 99) FCC Registration Number: 0005193701 Entity 100) Transferee is a(n) (Select One): )Individual ( )Unincorporated Association ( )Trust ( )Government Entity ( X )Corporation ( )Limited Liability Company ( )Consortium )General Partnership ( )Limited Partnership ( )Limited Liability Partnership ( )Other:\_ Transferee Name 101) Transferee Name (if entity): AT&T Inc. 102) Transferee Name (if individual): First: Suffix: Last: 103) Attention To: William R. Drexel Name of Real Party in Interest 104) Name of Real Party in Interest: AT&T Inc. 105) FCC Registration Number (FRN): 0005193701 Address 107) Street Address: 175 East Houston, Room 242 106) P.O. Box: And /Or 109) State: TX 110) Zip Code: 78205 108) City: San Antonio 112) FAX Number: (210)370-1283 111) Telephone Number: (210)351-5360 113) E-Mail Address: william.drexel@att.com 114) Demographics (Optional): Gender: Race: Ethnicity: )Male )American Indian or Alaska Native )Hispanic or Latino )Asian )Not Hispanic or Latino )Female )Black or African-American )Native Hawaiian or Other Pacific Islander )White **Transferee Contact Information** Contact Name (if other than Transferee) ) Check here if same as Transferee Information Suffix: MI: Last: 115) Name: First: 116) Company Name: AT&T Inc. 117) Attention To: William R. Drexel Address 119) Street Address: 175 East Houston, Room 242 118) P.O. Box: 121) State: TX 122) Zip Code: 78205 120) City: San Antonio 123) Telephone Number: (210)351-5360 124) FAX Number: (210)370-1283

125) E-Mail Address: william.drexel@att.com

Transferor Information								
126) FCC Registration Number: 000887622	29							
Entity						,		- <del></del>
127) Transferor is a(n) (Select One): ( )Individual ( )Unincorporated As:	cociation	( )Tı	met (	\Cauara		. ( )		-: III O
( )Individual ( )Unincorporated Ass	Sociation (	( )11	rust (	Govern	ment Entit	ty ( )Corp	ooration ( )Limited Liat	oility Company
( )General Partnership ( <b>X</b> )Limited	Partnership	(	)Limited	Liability P	'artnership	)Co	nsortium	
Transferor Name								
128) Transferor Name (if entity): DOBSON	CC LIMITEI	D PARM	NTERSHIP	·				
129) Transferor Name (if individual):	First:				MI:	Last:		Suffix:
130) Attention To: RONALD L. RtPLEY								
Address								
131) P.O. Box:		And 1	32) Stree	t Address:	14201 W	IRELESS WAY	1	
133) City: OKLAHOMA CITY		<u> </u>			134) Sta	ate: OK	135) Zip Code: 73134	
136) Telephone Number: (405)529-8500				137) FA	X Number	r: (405)529-876	55	
138) E-Mail Address:								
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139) Demographics (Optional):			-4L -: -:4				O a mada as	
Race: ( )American Indian or Alaska Native			Ethnicity: ()Hisp	anic or La	tino		Gender: ( )Male	
( )Asian			( )Not	Hispanic o	r Latino		( )Female	
( )Black or African-American								
( )Native Hawaiian or Other Pacific Islar	nder							
( )White								
Transferor Contact Informat Contact Name (if other than Transferor () Check here if same as Tr	)	Inform	nation					
140) Name: First: LAWRENCE	ansieror	mon	nation	MI:	Last:			Suffix:
141) Company Name: WILKINSON BARK	ER KNALIF	RIIP		J	MOVS	THIN .		
142) Attention To:		,						
Address								
143) P.O. Box:		And	144) Stree	t Address:	2300 N	STREET, N.W.	SUITE 700	
145) City: WASHINGTON		Or _			146) St		147) Zip Code: 20037	,
148) Telephone Number: (202)783-4141				149) FA		r: (202)783-58		
150) E-Mail Address: LMOVSHIN@WBK	LAW.COM	<u></u>		L				

# **Ownership Disclosure Information**

#### FCC Form 602

151a) Is the Applicant required to file FCC Form 602, Ownership Disclosure Information for the Wireless Telecommunications Services?	(ү ) <u>Y</u> es <u>N</u> o
151b) If the answer to 151a is 'Yes', provide the File Number of FCC Form 602 that has been filed in conjunction with this FCC Form 608 filing or that is already on file with the FCC and remains accurate.	File Number: 0003107610

# Alien Ownership Questions

Allen Ownership (If any answer is 'Yes', provide an attachment explaining the circumstances)

152) Is the Applicant a foreign government or the representative of any foreign government?	(N) <u>Y</u> e	s <u>N</u> o
153) Is the Applicant an alien or the representative of an alien?	(N) <u>Y</u> e	s <u>N</u> o
154) Is the Applicant a corporation organized under the laws of a foreign government?	(N ) <u>Y</u> e	s <u>N</u> o
155) Is the Applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	(N) <u>Y</u> e	s <u>N</u> o
156a) Is the Applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country?	(N ) <u>Y</u> e	es <u>N</u> o
156b) If the answer to 156a is 'Yes', has the Applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service(s) and geographic coverage area(s) involved in this filing?	( ) <u>Y</u> e	es <u>N</u> o
If the answer to 156b is 'Yes', provide in an exhibit the citation(s) of the declaratory ruling(s) received by the Applicant (i.e., DA or FCC Number, FCC Record citation when available, and release date).		
If the answer to 156b is 'No', attach to this filing a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act.		

## **Basic Qualification Information**

Basic Qualification Questions (If any answer is 'Yes', provide an attachment explaining the circumstances)

157)	Has the Applicant or any party to this filing had any FCC station authorization, license, or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license or construction permit denied by the Commission?	(N	) <u>Ү</u> е	s .	<u>N</u> o
158)	Has the Applicant or any party to this filing, or any party directly or indirectly controlling the Applicant or any party to this filing ever been convicted of a felony by any state or federal court?	(N	) <u>Y</u> e	<b>s</b> !	<u>N</u> o
159)	Has any court finally adjudged the Applicant or any party directly or indirectly controlling Applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition?	( <sub>N</sub>	) <u>Y</u> e	s <u>i</u>	<u>N</u> o

#### **Licensee Certification Statements**

1)	The Licensee agrees that the Lease is not a sale or transfer of the license itself.
2)	The Licensee certifies that it will not consent to assignment of the Lease except to the extent such assignment complies with the Commission's Rules and Regulations.
3)	The Licensee certifies that it holds exclusive use rights to use the licensed spectrum.

The Licensee certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

The Licensee certifies that all of its statements made in this Application/Notification and in the schedules, exhibits, attachments, or documents incorporated by reference are material, are part of this Application/Notification, and are true, complete, correct, and made in

Type or Printed Name of Party Authorized to Sign

160) First Name:	MI:	Last Name:			Suffix:			
161) Title:	<u> </u>							
			400					
162) Signature:			163)	Date:				
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.								
MILLE III EALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE DINISHADLE BY SINE AND/OR IMPRISONMENT/ILLS								

Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section

		STATION LICENSE	YNA 90 M	FUL FALSE STATEMENTS MADE ON THIS FO 2, Title 18, Section 1001) AND/OR REVOCATIOI 3)(1)), AND/OR FORFEITURE (U.S. Code, Title 4	Code
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	167) Date:			Signature:	(991
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			ngi2 of	or Printed Name of Party Authorized	ədλ
				Lessee certifies that all of its statements iments incorporated by reference are material faith.	qocn
of bewe febt oxet-non y	ins no tneupnileb ton si ti tsift bns sesne	nt for Commission lic	որ թջչте	The Lessee certifies that it is not in default on any.	(8
to regulatory power of				The Lessee waives any claim to the use of it the United States because of the previous us	(/
inemegnens gnizsel m	ligible or qualified to enter into a spectrur	e ton si tsrit yfifne yn		The Lessee agrees the Lease shall not be as under the Commission's Rules and Regulation	(9
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he Licensee, allow the	onducted either by the Commission or tl on facilities, and suspend operations a	o yiupni to nolitati setions of transmissi	ith any inve qeni etie-n	The Lessee heteby accepts Commission o acknowledges that it must cooperate fully w Commission or the Licensee and to the exter	(†
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				The Lessee acknowledges that it is required and it the Lessee fails to so comply, the Commission	(7
		Heati eanse itself	fe or transf	ee Certification Statements The Lessee agrees that the Lease is not a sa	() ()

Subles	see Certification Statements
1)	The Sublessee agrees that the Lease is not a sale or transfer of the license itself.
2)	The Sublessee acknowledges that it is required to comply with the Commission's Rules and Regulations and other applicable law at all times, and if the Sublessee fails to so comply, the Lease may be revoked, cancelled, or terminated by either the Licensee or the Commission.
3)	The Sublessee certifies that neither it nor any other party to the Application/Notification is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. (See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.)
4)	The Sublessee hereby accepts Commission oversight and enforcement consistent with the license and lease authorization. The Sublessee acknowledges that it must cooperate fully with any investigation or inquiry conducted either by the Commission or the Licensee, allow the Commission or the Licensee to conduct on-site inspections of transmission facilities, and suspend operations at the direction of the Commission or the Licensee and to the extent that such suspension of operation would be consistent with applicable Commission policies.
5)	The Sublessee acknowledges that in the event an authorization held by a Licensee that has entered into a spectrum leasing arrangement is revoked, cancelled, terminated, or otherwise ceases to be in effect, the Sublessee will have no continuing authority to use the leased spectrum and will be required to terminate its operations no later than the date on which the Licensee ceases to have any authority to operate under the license, unless otherwise authorized by the Commission.
6)	The Sublessee agrees the Lease/Sublease shall not be assigned to any entity that is not eligible or qualified to enter into a spectrum leasing arrangement under the Commission's Rules and Regulations.
7)	The Sublessee waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by spectrum lease or otherwise.
8)	The Sublessee certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.
The Sudocum faith.	ublessee certifies that all of its statements made in this Application/Notification and in the schedules, exhibits, attachments, or nents incorporated by reference are material, are part of this Application/Notification, and are true, complete, correct, and made in good

Type or Printed Name of Pa 168) First Name:	MI:	Last Name:	Suffix:
169) Title:			
170) Signature:		171) Date:	
FAILURE TO SIGN THIS APPLICA	ATION MAY RESULT IN DIS	MISSAL OF THE APPLICATION AND FORFE	TURE OF ANY FEES PAID.
WILLFUL FALSE STATEMENTS	MADE ON THIS FORM OR D/OR REVOCATION OF AI	ANY ATTACHMENTS ARE PUNISHABLE BY NY STATION LICENSE OR CONSTRUCTION	FINE AND/OR IMPRISONMENT (L

Trans	feree Certification Statements
1)	The Transferee agrees that the Lease/Sublease is not a sale or transfer of the license itself.
2)	The Transferee acknowledges that it is required to comply with the Commission's Rules and Regulations and other applicable law at all times, and if the Transferee fails to so comply, the Lease/Sublease may be revoked, cancelled, or terminated by either the Licensee or the Commission.
3)	The Transferee certifies that neither it nor any other party to the Application/Notification is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. (See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.)
4)	The Transferee hereby accepts Commission oversight and enforcement consistent with the license and lease authorization. The Transferee acknowledges that it must cooperate fully with any investigation or inquiry conducted either by the Commission or the Licensee, allow the Commission or the Licensee to conduct on-site inspections of transmission facilities, and suspend operations at the direction of the Commission or the Licensee and to the extent that such suspension of operation would be consistent with the applicable Commission policies.
5)	The Transferee acknowledges that in the event an authorization held by a Licensee that has associated with it a spectrum leasing arrangement that is the subject of this filing is revoked, cancelled, terminated, or otherwise ceases to be in effect, the Transferee will have no continuing authority to use the leased spectrum and will be required to terminate its operations no later than the date on which the Licensee ceases to have any authority to operate under the license, unless otherwise authorized by the Commission.
6)	The Transferee agrees the Lease shall not be assigned to any entity that is not eligible or qualified to enter into a spectrum leasing arrangement under the Commission's Rules and Regulations.
7)	The Transferee waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by spectrum lease or otherwise.
8)	The Transferee certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

The Transferee certifies that all of its statements made in this Application/Notification and in the schedules, exhibits, attachments, or documents incorporated by reference are material, are part of this Application/Notification, and are true, complete, correct, and made in good

faith.

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ments incorporated by reference are material, are part of this Application/Notification, and are true, complete, correct, and made in good	docur faith.
ransferor certifies that all of its statements made in this Application/Notification and in the schedules, exhibits, attachments, or	
to any federal agency.	
The Transferor certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed	(2
The Transferor certifies either (1) that control of the Lessee/Sublessee will not be transferred until consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the Lease/Sublesse is subject to streamlined notification procedures for pro forms transfers of control. See Section 1.948(c)(1) of the Commission's Rules.	(1
feror Certification Statements	Trans

de, Title 18, Section 1001) NUD/OR REV( ((1)), AND/OR FORFEITURE (U.S. Code)	A 40 NOTA	NY STATION LICEN		
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	<u> </u>			4114 0233
Signature: Serett R Doboon			179) Date: (9\(\tau\)	
Title: Pres. of Sole GP of Dobson CC L				
erett.	Я	uosqog	70 - 41 d · 10 -	
) First Name:	:IM	Last Name:		:xijfiu&

Private	a Commons Manager Certification Statements
1)	The Licensee/Lessee/Sublessee manager of the Private Commons certifies that it will retain <i>de facto</i> control of the use of the spectrum under the Private Commons arrangement, including that it will maintain reasonable oversight over the users' use of the spectrum under the arrangement so as to ensure that the use of the spectrum, and communications equipment employed, comply with all technical and service rules applicable under the license authorization.
2)	The Licensee/Lessee/Sublessee manager of the Private Commons arrangement certifies that it will maintain the ability to ensure that users under the arrangement comply with all the technical and service rules applicable under the license authorization.
and in	censee/Lessee/Sublessee manager of the Private Commons arrangement certifies that all of its statements made in this Notification the schedules, exhibits, attachments, or documents incorporated by reference are material, are part of this Notification, and are true, ete, correct, and made in good faith.

180) First Name:	MI:	Last Name:	Suffix:
181) Title:			
182) Signature:		183) Date:	
FAILURE TO SIGN THIS APPLICATION	ON MAY RESULT IN DIS	SMISSAL OF THE APPLICATION AND FORFE	SITURE OF ANY FEES PAID

# License Authorization(s) or Identifiers (pertaining to Lease(s)/Sublease(s)/Private Commons) Associated with the Spectrum To Be Included in the Filing

184) Call Sign(s) or Lease/Sublease/ Private Commons Identifier(s)	185) Radio Service Code	186) Location Number	187) Path Number (Microwave only)	188) Frequency Number	189) Lower Frequency (MHz)	190) Upper Frequency (MHz)
L000000868	CW - PCS Broadband					

<sup>\*</sup> Note: Questions 186 – 190 are for New Leases involving spectrum associated with site-based authorizations when only a portion of the licensed locations, paths and/or frequencies will be leased.

## FCC 608 Schedule D

# **Federal Communications Commission**

Approved by OMB 3060 - 1058 See 608 Main Form Instructions for public burden estimate

## Schedule for Transfer of Control of a Lessee or a Sublessee

Transaction Information Transaction Occurrence					
1a) Has this Transfer of Control already occurred?	T	(	N	) <u>Y</u> es	<u>N</u> o
1b) If the response to Item 1a is 'Yes', provide the date the transaction occurred (MM/DD/YYYY):					_
Voluntary or Involuntary (Select Only One)					
2) The Transfer of Control is:	( X (	) Voluntary ) involuntary	,		
Pro Forma					
3) Is this application a <i>pro forma</i> Transfer of Control?		(	N	) <u>Y</u> es	<u>N</u> o
Forbearance Notification					
4) If pro forme, is this a post-consummation notification that is being filed under the Commission's forbearance procedures pursuant to Section 1.948(c)(1) of the Commission's Rules?		(		) <u>Y</u> es	<u>N</u> o
Type of Transfer					
5) How will/has the Transfer of Control be/been accomplished?					
( ) Court Order					
( ) Reorganization or Liquidation					
( χ ) Transfer of Stock or Other Ownership Interests					
( ) Other (Voting Trust Agreement, Management Contract, etc.)					

# Attachment(s):

Туре	Description	Date Entered
0	Exhibits 1-3: Cross-Reference to Lead	07/12/2007
	<u>Application</u>	

## **Lead Application Information**

This Application is one of a group of filings in connection with the merger of Dobson Communications Corporation and AT&T Inc. The Applicants have designated the transfer of control application filed for Alton CellTelCo Partnership, File No. 0003092368 (lead call sign KNKA611), as the lead application for the wireless radio services for the transaction. Accordingly, the Applicants hereby incorporate by reference Exhibits 1–3 of the lead application.